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PTO/SB/50 (12/98)

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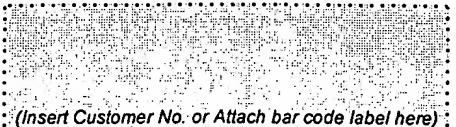
## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	1945-104R
	First Named Inventor	K. Aoki
	Original Patent Number	5,535,430
	Original Patent Issue Date (Month/Day/Year)	July 9, 1996
	Express Mail Label No.	
	Total Pages	100

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Transfer drawings from Patent File	
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input checked="" type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)	
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)		10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		11. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))		12. <input type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney		14. <input type="checkbox"/> Other: ..... ..... .....	

### 15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		 (Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below	
NAME	Vincent M. DeLuca				
ADDRESS	Rothwell, Figg, Ernst & Kurz				
	555 13th Street, NW, Suite 701 East				
CITY	Washington	STATE	D.C.	ZIP CODE	20004
COUNTRY	United States	TELEPHONE	202 783 6040	FAX	202 783 6031

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**FEE TRANSMITTAL**  
**(Large Entity)**

		<i>Complete if Known</i>	
		Patent Number	5,535,430
		Issue Date	July 9, 1996
		First Named Inventor	K. Aoki
		Group Art Unit	
		Examiner Name	
Total Amount of Payment	(\$ 834.00)	Attorney Docket Number	1945-104R

**METHOD OF PAYMENT** (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Kurz
- Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
- Charge for the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

②.  Payment Enclosed: Check

**FEES CALCULATION**

**1. FILING FEE**

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	790
Design Filing Fee	106	330
Plant Filing Fee	107	540
<input checked="" type="checkbox"/> Reissue Filing Fee	108	790
<input type="checkbox"/> Provisional Filing Fee	114	150

SUBTOTAL \$790

**2. CLAIMS**

	Fee from Extra below	Fee Paid
Total Claims	22 - 20 = 2 x \$22	= 44.00
Independent Claims	2 - 3 = 0 x 82	= --0--
Multiple Dependent Claims	+ 270	= --0--

SUBTOTAL \$ 44.00

**FEES CALCULATION (continued)**

**3. ADDITIONAL FEES**

Fee Description	Fee Code	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	105	130
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	127	50
<input type="checkbox"/> Non-English specification	139	130
<input type="checkbox"/> For filing a request for reexamination	147	2,520
<input type="checkbox"/> Requesting publication of SIR prior to Examiner action	112	920
<input type="checkbox"/> Requesting publication of SIR after Examiner action	113	1,840*
<input type="checkbox"/> Extension for reply within first month	115	110
<input type="checkbox"/> Extension for reply within second month	116	400
<input type="checkbox"/> Extension for reply within third month	117	950
<input type="checkbox"/> Extension for reply within fourth month	118	1,510
<input type="checkbox"/> Extension for reply within fifth month	128	2,060
<input type="checkbox"/> Notice of Appeal	119	310
<input type="checkbox"/> Filing a brief in support of an appeal	120	310
<input type="checkbox"/> Request for Oral Hearing	121	270
<input type="checkbox"/> Petition to institute a public use proceeding	138	1,510
<input type="checkbox"/> Petition to revive -unavoidable	140	110
<input type="checkbox"/> Petition to revive - unintentional	141	1,320
<input type="checkbox"/> Utility issue fee (or reissue)	142	1,320
<input type="checkbox"/> Design issue fee	143	450
<input type="checkbox"/> Plant issue fee	144	670
<input type="checkbox"/> Petitions to the Commissioner	122	130
<input type="checkbox"/> Petitions related to provisional applications	123	50
<input type="checkbox"/> Submission of Information Disclosure Statement	126	240
<input type="checkbox"/> Recording each patent assignment per property (times number of properties)	581	40
<input type="checkbox"/> Filing a submission after final rejection (37 CFR .129(a))	146	790
<input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b))	149	790

Other fee (specify)

[ ]

\* Reduced by Basic Filing Fee Paid

SUBTOTAL \$

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Vincent M. DeLuca, Reg. No. 32,408			
SIGNATURE	Vincent M DeLuca	DATE	7/8/98	DEPOSIT ACCOUNT USER ID
				02-2135